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In re application of:

Examiner: Turner, Sharon L.

Schenk, Dale B.

Group Art Unit: 1647

Application No.: 09/322,289

Filed: May 28, 1999

For: PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE

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- (1) Transmittal Form (PTO/SB/21) (1 page);
- (2) Fee Transmittal (PTO/SB/17) (1 page, in duplicate);
- (3) Amendment Under 37 CFR §1.111(a)(2) (8 pages);
- (4) Supplemental Information Disclosure Statement (2 pages) w/attached PTO/SB/08A (1 page) and PTO/SB/08B (4 pages) w/6 volumes of References:
  - Volume 1 of 6 (references 220-229);
  - Volume 2 of 6 (references 230-241);
  - Volume 3 of 6 (references 242-273);
  - Volume 4 of 6 (references 274-293);
  - Volume 5 of 6 (references 294-299); and,
  - Volume 6 of 6 (references 300-302).

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Docket No. 15270J-004740US

Date: July 30, 2002

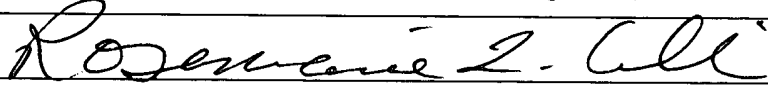
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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number		09/322,289	
		Filing Date		May 28, 1999	
		First Named Inventor		Schenk, Dale B.	
		Group Art Unit		1647	
		Examiner Name		Turner, Sharon L.	
Total Number of Pages in This Submission		19	Attorney Docket Number		15270J-004740US
<b>ENCLOSURES (check all that apply)</b>					
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page, submitted in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response (8 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement (2 pages) w/ attached PTO/08A (1 page) & PTO/SB/08B (4 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): References are <u>not</u> included in the "Total Number of Pages in This Submission." 1. Volume 1 of 6 (references 220-229); 2. Volume 2 of 6 (references 230-241); 3. Volume 3 of 6 (references 242-273); 4. Volume 4 of 6 (references 274-293); 5. Volume 5 of 6 (references 294-299); 6. Volume 6 of 6 (references 300-302); and, 7. Receipt for Hand Delivered Papers (1 page).	
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>					
Firm and Individual name	Townsend and Townsend and Crew LLP Rosemarie L. Celli Reg. No. 42,397				
Signature					
Date	July 29, 2002				

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